U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Maxingement
and Bugget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L. 86-257 as amended Failure to compty may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

3 Name and address of person filing  Name   Barry   D   Schimme1   4 Name file number and address of labor organization  Name   Reamsters Local Union No 135   Labor Organization File Number   Coop-836    PO Box BMg Room No if any   Street   1233   Shelby Street   City   Indianapolia   State   Indiana   ZiP Code +4   46203   State   Zindiana   ZiP Code +4   46203   State   Zindiana   ZiP Code +4   46203   State   Zindiana   ZiP Code +4   46203   State   ZiP Code +4   46203	1 File Number U 8764	2 Fiscal Year Covered From			
Name Barry D Schimme1  Name Teamsters Local Union No 135  Labor Organization File Number 1009-836  PO Box Bidg Room No if any PO Box Bidging and Room Number if any Street 1233 S Shelby Street  City Indianapolis  State Indiana ZiP Code + 4 46203  State Indiana ZiP Code + 4 46203  State Indiana ZiP Code + 4 46203  Enter appropriate data below if during the past flacal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  A Name A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  A Name A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  A Name A Held an interest in engaged in transactions of including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Name A Held an interest in engaged in transactions (including trade name if any)  A Name A Held an interest in engaged in transactions (including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Held an interest in engaged in transactions (including trade name if any)  A Held an in		1 / 1 / 2004 Through 12 / 31 / 2004			
Labor Organization File Number   009-636     P O Box Bidg Room No if any     P O Box Building and Room Number if any     Street   1233 S Shelby Street     Street   1233 S Shelby Street	3 Name and address of person filing	4 Name file number and address of labor organization			
Street 1233 S Shelby Street  City Indianapolis  State Indiana  ZiP Code +4 46203  Enter appropriate data below if during the past facal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name if any)  P O Box Bidg Room No if any  Trade Name if any  P O Box Bidg Room No if any  Signature  15 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the few that all of the information submitted in this report (including the information confidence in any accompanying documents) has been examined by the signationy and is to the best of the undersigned skinowledge and belief true corfect, and complete (See the section on penalties in the instructions)	Name Barry D Schimmel	Name Teamsters Local Union No 135			
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State Indiana IP Code + 4 46203 State Indiana IP Code + 4 46203  5 Position in labor organization  Business Agent  Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  7 a Nature of interest Transaction or income  7 b Amount.  Street  City  State  Signature  16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned belief true codect, and complete (See the section on penalties in the instructions)  Signed  A. Held an interest mengaged in transactions (including the flormation of penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned skingled and belief true codect, and complete (See the section on penalties in the instructions)	Street 1233 S Shelby Street	Street 1233 S Shelby Street			
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Name Trade Name if any  PO Box Bldg Room No if any  7 b Amount.  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true confect, and complete (See the section on penalties in the instructions)  Signed Additional State of the law that all of the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true confect, and complete (See the section on penalties in the instructions)	(except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of				
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submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)  Signed  On   S1/2/20  317 636-3541	Signature				
	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the				
	Signed Belline				

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Name of Person Filing Barry Schimmel	File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name			Ì		
Trade Name if any	a Labor Organization b Trust				
P O Box Bldg Room No if any	c Employer				
Street	<del></del>				
City					
State ZIP Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name					
Trade Name if any					
P O Box Bldg Room No If any					
Street					
City	11 b Approximate dollar value of such dealing				
	12 a Nature of interest he	ld or income received			
State ZIP Code + 4		1	N.		
	<b>                                     </b>		1		
	12 b Amount				
C Received from any employer (other than an employer covered under					
or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	s Trustee the Fu	od paid my		
Name Local 135 Scholarship & Education Fund		nd the IFEBP			
Trade Name if any					
PO Box Bldg Room No If any					
Street 1233 S Shelby Street					
City Indianapolis			Į Į		
State Indiana ZIP Code + 4 46203			*• }		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.		\$3,010		





## **DISCLAIMER**

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct and reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

BD SCHIMHER

8/12/2005

Date